

Health Distress Index

Form HDI - 40 - R

Name or I.D.: _____

Date : _____

	Specific Experiences During the Week Place a "✓" mark in the column that applies to you:	Degree or Frequency of Experience				
		Never	Low	Middle	High	Highest
1.	Felt down, depressed, or discouraged about future					
2.	Shoulder tension or stiff neck					
3.	Have self-critical, negative thoughts unable to stop					
4.	Felt full of energy and vitality					
5.	Difficulty falling asleep at night					
6.	Felt ill, feverish, sick, or malaise					
7.	Felt irritable, annoyed, or resentful					
8.	Nausea or vomiting					
9.	Socialized with people you like to be with					
10.	Sore throat, runny nose, or swollen lymph glands					
11.	Felt lonely, isolated, or withdrawn					
12.	Abdominal pain or discomfort					
13.	Coughing or difficulty breathing					
14.	Felt tired, drowsy, or fatigued during day					
15.	Felt sad, tearful, or cried easily					
16.	Aches or stiffness in hands, feet, arms, or legs					
17.	Felt inadequate, worthless, or low self-esteem					
18.	Felt confident or optimistic about things					
19.	Nervous, anxious, or scared					
20.	Sweating not due to exercise or external heat					
21.	Difficulty remaining asleep at night					
22.	Felt dizzy, weak, or faint					
23.	Able to work productively and accomplish tasks					
24.	Chest pain, chest tightness or tenderness in breasts					
25.	Pounding or rapid heart beats or heart palpitations					
26.	Took time to engage in fun or enjoyable activities					
27.	Difficulty concentrating or making decisions					
28.	Felt little interest or satisfaction in doing things					
29.	Back pain					
30.	Felt good, happy, elated					
31.	Undereating or low appetite					
32.	Constipation, diarrhea, or flatulence (gas)					
33.	Felt sleep duration was inadequate or insufficient					
34.	Trembling, jittery, or shaking					
35.	Excessive overeating or binge eating					
36.	Cold or numb feelings in hands or feet					
37.	Worried about finances or work/school pressures					
38.	Fear of losing control or being overwhelmed					
39.	Headaches					
40.	Felt tense, agitated, frustrated, or restless					